

*Knowledge and attitude of nurses towards care of HIV/AIDS patients*

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**Abstract:** Increasing number of people suffering from HIV/AIDS has influenced healthcare sectors. Irrational and discriminatory treatment of HIV/AIDS patient is the result of health professionals fear. Unfortunately, most of health professionals have this kind of perspective and practice about people living with HIV/AIDS. Lack of knowledge about ways of transmission can affect nurse's behaviour in caring for HIV/AIDS patients. Fear of being affected by occupational exposure in contact to HIV/AIDS individuals and social stigma are two factor that cause to negative attitude. Educational and occupational training programs have led to decrease fear and inadequate knowledge regarding HIV/AIDS transmission. For planning and evaluating nursing care, it is necessary the truth about disease be identified.

**Keywords:** Knowledge , attitude , nurses , HIV/AIDS.

## **I. INTRODUCTION:**

The Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic have become one of the most important public health problems in recent years. HIV/AIDS influence all aspects of human life such as physical, social, emotional and spiritual. HIV/AIDS decrease life expectancy for infected individuals, creating confusion in health systems, and helping to monetary insecurity (Sowell 2004). In the world, HIV epidemic is steady remained, also with high proportion of new HIV infected individuals and AIDS deaths. Globally, between 30 to 36 million individuals were infected with HIV (UNAIDS 2008). Increasing number of people suffering from HIV/AIDS has influenced healthcare sectors. Nurses play critical role in caring the HIV positive patient. Health professionals refused to face the HIV/AIDS patient because they have fear of contagion at workplaces. Irrational and discriminatory treatment of HIV/AIDS patient is the result of health professionals fear (Eisenberg 1986 ; Adebajo et al. 2003). Unfortunately, most of health professionals have this kind of perspective and practice about people living with HIV/AIDS (PLWHA) (Aghamoalemi et al. 2009). Nurses must be aware of the facts and realities about HIV/AIDS. Lack of knowledge about ways of transmission can

affect nurse's behaviour in caring for HIV/AIDS patients. Nurses reaction are varied about HIV/AIDS patient, from positive appropriate care to inadequate isolation techniques, minimum contact with such patients, and even avoidance to care of HIV/AIDS patients (Walusimbi et al. 2004). Most of previous studies have showed nurses negative attitude regarding to care of HIV/AIDS patients. One factor that cause to negative attitude is fear of being affected by occupational exposure in contact to HIV/AIDS individuals. Social stigma is the second factor affected nurses attitude in contact with HIV/AIDS patients. Thus, negative attitude cause to poor management of PLWHAs who need support, treatment and care (Baylor & McDaniel 1996).

The aim of this study is to examine current knowledge and attitude of nurses toward care of people who suffering from HIV/AIDS and to recognize some factor affected knowledge and attitude of nurses in their current practice and to develop nurses education program for provide care for people living with HIV/AIDS.

*A. Knowledge and attitudes of nurses towards care of HIV/AIDS patients*

Most studies about knowledge and attitude of healthcare workers regarding HIV/AIDS have shown the lack of knowledge about HIV transmission and risk prevention with fear of contagion (Kohi & Horrocks 1994; Adelekan et al. 1995; Lohrmann et al. 2000; Mbanya et al. 2001; Oyeyemi et al. 2006). Servellen et al. (1988) surveyed 1,200 Registered Nurses, and their result showed that quarter of nurses refrain to care for HIV/AIDS patients. Thirty percent of nurses had a moderate discomfort experience in care of such patients. While only ten percent of nurses accepted care of HIV/AIDS patients. In the study carried out by Gallop et al. (1991) among 700 nurses, they found that half of nurses want HIV/AIDS patients must be quarantined and about 40% of them preferred to avoid care of AIDS patients.

Walusimbi & Okonsky (2004) in their study found that 95% of nurses had experienced care of HIV/AIDS patients. A total of 47% of nurses had fear of contagion. Those who are knowledgeable had less fear of being affected and had more positive attitude towards care of HIV/AIDS patients. Findings about the other study showed that nurses provide care for a lot of HIV/AIDS patients. HIV/AIDS knowledge was moderately adequate among nurses. Factors associated with knowledge in this study were professional rank, frequency of care and training. Nurses' attitudes were mainly positive. Previous training and ward allocation were associated

with nursing attitudes (Dellobelle et al. 2009). Findings of the study by Aghamoalemi et al. (2009) showed that more favorable attitudes of laboratory technicians compared with nurses and physicians. More favorable attitudes were found among who had bachelor degree. Rondal et al. (2002) found that both the nursing staff and the nursing students expressed empathic attitudes towards HIV-infected patients. They had less fear of HIV contagion. The findings also showed 36% would refuse caring for HIV-infected patients. Kermode et al. (2004) reported healthcare workers had a positive attitude to care for HIV/AIDS patients. Although most of them concerns about providing care, having experience for care of HIV/AIDS patients was strongly associated with healthcare workers willingness to provide care for HIV patients. HIV knowledge about perception of risk and mode of transmission did not influence willingness to provide care for PLWHAs.

Juan (2004) found two hundred and ten nurses (19.3%) were seriously leaving nursing because of fear of contracting AIDS/HIV. Taiwanese nurses in this study had knowledge shortage in their practice. Concerns and fears might be related to lack of HIV/AIDS knowledge. Wang et al. (2007) studied 1,079 Taiwanese nurses and found that those who were single and those who have higher level of education had less fear of being affected and have more positive attitudes towards HIV/AIDS patients. Fernandez et al. (2004) reported in their study that nurses as compared to auxiliary workers had more positive attitude towards HIV patients. Only twenty percent nurses had a negative attitude. They found that age and occupation were the important variables that affect the attitude towards HIV. Baylor & McDaniel (1996) found nurses who had experienced in care of HIV/AIDS patients had more positive attitudes regarding use of health care services by HIV/AIDS patients than those who have not cared for HIV/AIDS patients, also most nurses had fear and concern in caring for patients infected with HIV. In the study by Askarian et al. (2006), it was found that knowledge level about HIV infection among registered nurses was higher than auxiliary staff nurses. More women agreed about how impossible to identify HIV patients during the early stage of disease by their appearance than did men. In a study in Cameron, the grade of staff affect nurses HIV/AIDS knowledge level, higher grade staff tend to have higher level of knowledge, also younger nurses seemed to be more knowledgeable compared to older nurses (Mbanya et al. 2001).

*B. Occupational exposure of HIV infection among nurses*

Most studies showed that lots of nurses had experienced occupational stress, exhaustion and symptoms of occupational burnout because they provide serious care for PLWHA. Nurses occupational stress can exacerbate their fear of HIV transmission from accidental occupational injuries and exposure to mucus membrane of infected person (Gala et al. 1993, Gueritault et al. 2000, Nursing Standard 2002). Durkin and Rondahl concluded in their studies that most of nurses have fear of contracting HIV through occupational exposure (Durkin 2004 ; Rondahl et al. 2003). In the 2002, twenty four thousand eight hundred and forty four HIV/AIDS cases among adults reported who had experienced of working in health care centers. Nurses comprised of 21% of the healthcare personnels with HIV/AIDS (CDC report 2003). Dellobelle et al. (2009) in their study showed that lots of nurses concerned about occupational exposure. They had a fear of being affected through occupational exposure. Result of the other study found that nurses concerned about providing care for PLWHA, and most of them believed that the risk of occupational infection with HIV to be high (Kermode et al. 2005). A total of 74% respondents scored high on stress, perceived risks and discomfort scales due to working with HIV/AIDS patients (Henry et al. 1990). Kermode et al. (2005) surveyed 266 registered nurses in India, 91% of participants believed that they are at high risk of occupational injuries. 60% of nurses perceived that an HIV-contaminated needle can cause HIV infection through needle-stick injuries. Some studies have showed many developing countries have had lack of protective equipment and safe needles that can explain risk of occupational injuries among nurses (Gershon et al. 1995; Fredrich et al. 2005).

*C. Role of education and training programs towards HIV/AIDS in improving nurses knowledge and attitude*

A number of studies have found that a fear of contamination with HIV primarily is related to inadequate knowledge regarding AIDS (Gallop et al. 1989; Snowden 1997; Sowell et al. 2004; Liljestrang 2004).

In Iran, Ghorbany et al. (2005) have shown that 46.5% of nurses had a low level of knowledge about HIV infection and 49% of respondents had negative attitudes toward care of HIV/AIDS patients before the workshop. Knowledge score improved about 61.4% among nurses after

workshop. The attitude towards caring for HIV/AIDS patients was significantly promoted after workshop. Authors concluded that education training programs is necessary in improving nurse's knowledge level and more positive attitudes .In the other study among nurses, the authors showed that HIV knowledge was improved significantly from pre-test to post-test (Nyamathi et al. 2005). Turner et al. (1988) in their study held five-hour seminar about HIV/AIDS among hospital nurses for improving their HIV/AIDS knowledge and infection control methods, also their attitudes in care of HIV/AIDS patients. The results showed significant change in AIDS knowledge, infection control, and attitude towards caring for patients with HIV/AIDS for those who attended the seminar. The results of the other study showed that AIDS training programs can decrease fear of contagion and negative attitude towards care of HIV/AIDS patients (O'Donnell et al. 1987). Pisal et al. (2007) in their study among nurses showed the same results.

In the study that was done among three hundred and seventy one registered nurses in a hospital, the results showed that after 6-days training program, HIV/AIDS knowledge was promoted in all dimensions involving treatment, care, some issues related to confident and consent. Fear of contact with PLWHA decreased significantly (Pisal et al. 2007). In the other study among nurses by Harnett et al. (1987), the results showed a significant improvement in HIV/AIDS knowledge and level of confidence, with the reduction of fear and negative attitudes associated with caring patients who have AIDS among those who have attended a lecture session with question and answer. The results of the other study showed that nurses attitude towards care of HIV/AIDS patients are not affected by education background (Baylor et al. 1996). Martin et al. (2000) showed experience in caring HIV/AIDS patients was more important than the role of education in determining nurses attitude.

## **II. SUMMERY & DISSCUSION :**

This review highlights some factors affected knowledge and attitude of nurses towards care of HIV/AIDS patients.

Care of people who suffering from HIV/AIDS is challenging because of its multidisciplinary nature, physical signs, its medical complexity, necessity of infection control process and its associated with stigma. Regardless of improvement in knowledge, a number of problems, influence nurses care of patients for example fear of being infected, homophobia, unwillingness

to care, burn out and religious attitudes (Robinson 1998). Healthcare professionals repeatedly report fear of being affected by occupational exposure (Valimaki 1998). According to CDC report 2001, the average risk of HIV transmission has been estimated to be about 0.3% (95% CI = 0.2%-0.5%) after a percutaneous exposure to HIV-infected blood and after a mucous membrane exposure, approximately 0.09% (95% CI = 0.006%-0.5%) (CDC Report, 2002). This trend is lower than the risk of contracting other infectious disease after exposure e.g. risk for hepatitis B is 10% to 20%. Even though this mode of transmission is rare, but the fear of contracting HIV infection through occupational exposure impacts on the development of a professional relationship with persons with HIV infection or AIDS (Froman, &Owen 1997). AIDS care experience, knowledge of transmission modes, comfort with AIDS patients and working conditions are some factors associated with occupational HIV risk perception. Nurses with less AIDS care knowledge and experience are more worried about HIV. It is still the area of concern for most of healthcare professionals (Sharp 1988).

The rapid spreading of HIV epidemic has caused nurses and other health professional to face up to HIV/AIDS and refusing of care of HIV/AIDS patients is unacceptable (Friedland 1995). Educational and occupational training programs have led to decrease fear and inadequate knowledge regarding HIV/AIDS transmission. For planning and evaluating nursing care, it is necessary the truth about disease be identified (Unwakwe 2000). Social stigma is the other factor affected nurses attitude in contact with HIV/AIDS patients. Thus, negative attitude cause to poor management of people living with HIV/AIDS who need support, treatment and care (Baylor&McDaniel 1996). Several studies identified lack of knowledge affect outcome of care for HIV/AIDS patients. Proper knowledge base regarding HIV/AIDS with sufficient understanding of patients needs may help relieve fear and anxiety associated with caring of patients who suffer from HIV/AIDS. Appropriate knowledge and perception can promote quality of care for these patients (Lohrmann et al. 2000).

### **III. CONCLUSION:**

Healthcare professionals must be knowledgeable in relation to prevention and cure of HIV/AIDS. Nurses must achieve updated knowledge, overcome to their fears and attitudes, and increase their confidence and ability for caring of HIV/AIDS patients. Nurses feelings and beliefs

about people living with HIV/AIDS can influence nurses behaviour, So, influence the quality of care passed. Research in the field of health provider and nurses knowledge and attitude towards HIV/AIDS and how to maintain their health in the community can determine Requirements and priorities and educational facilities. Nominating the educational requirement is one of the important factors in order to plan a suitable program. Nursing research studies need to be conducted to ensure nurses provide quality of care. These studies must focus on acquiring new knowledge about HIV/AIDS that are beneficial to nursing practice, decreasing the incidence of new cases of HIV infection, as well as, promoting quality of care of people living with HIV/AIDS.

It is important that all nurses have a strong basis of HIV/AIDS knowledge and positive attitude to prevent new infection and to treat people living with HIV/AIDS. Nurses in hospital need to be supported with enough knowledge to protect them whereas caring HIV/AIDS patients. Health care workers should have access to sufficient supplies of essential protective materials, to effectively perform their jobs. It is likely that in low-resource contexts, the absence of appropriate medical supplies, lack of adequate protection, and insufficient knowledge about HIV/AIDS will continue to contribute to discriminatory behaviours toward people with HIV/AIDS (Pisal et al. 2007).

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